## ISSUE SLIP STAPPER AREA (for additional cross references)

PC SITION	infliai.s	ID NO.	DATE	
FEE DETERMINATION	<del></del>			
O.I.P.E. CLASSIFIER				
FORMALITY REVIEW	AX	7 - 900	08-20-01	
RESPONSE FORMALITY REVIEW	54	1021	11/11/01	
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## **INDEX OF CLAIMS**

•	Rejected	N	Non-elected
=	Allowed	1	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

Ctaim	Date Ou	-/	<u></u>	<u> </u>	
	Date Cla	aim	Date	Claim	Date
Final Original	Final	Original		Final Original	
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11 3/		61		111	
12 = /		62		112	
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15 = 1		65		115	
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18   5 /		68		118	
19 = 1		69		119	
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22		72		122	<u> </u>
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34	╼┾╼╇╼╄╌┞╌┦╴┞┉┤	84	<del> - - - - - -</del>	134	
35 4	╼╅╾╂╌╂╌╂╌┦╸┞╼┤	85		135	
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37	╌┼┼┼┼┤╎┤┤	87	<del>▎</del> <del>▎</del> <del>▎</del>	137	<del>                                     </del>
39	╼┼╾┼┼┼┼┼┼┤	88	┞┼┼┼┼┼	138	<del>- - - - - -</del>
40	<del>┤</del> ┼┼┼┼┤	89	<del>├─┼─┤</del> ─┤	139	<del>- - - - - - - -</del>
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41	┵┵┵┙┞╛	91		141	
42	<del></del>	92		142	
	╼╂╌╂╌╃╌╂╌┦╴┞╼┦	93	<del>╒┋</del>	143	<del>- - - - - -</del>
44	╼╁┾┷┵┵┤╶┞┥	94	<del></del>	144	
45		95	┝┽╾╂╌╂╼╂╼╂	145	
46		96	┝╃╌╂╌╂╌╃╌╃	146	<del>- - - - - -</del>
48		97	┝╾┼╌┼╌╂╌┦╌┦	147	<del> - - - - - - -</del>
49		98	┝╼╁╼╁╌╁╌┦	148	┵┵┵
50		100	┝╼╄╼╂╼╂╼╂╼┼	149	<del></del>
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Best Available Copy

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If more than 150 claims or 10 actions staple additional sheet here

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